## **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **CHIP DICING** 

the specification of which: (check one)			
is attached hereto     □ was filed on	o. , as Application Ser	ial No.	and was amended on
I hereby state that I have revie amendment referred to above.	wed and understand the contents of the	above identified specification,	including the claims, as amended by any
I acknowledge the duty to disc Federal Regulations, § 1.56.	lose information which is material to	the patentability of this applicat	tion in accordance with Title 37, Code of
• • • • •	ntified below any foreign application i		eation(s) for patent or inventor's certificate ate having a filing date before that of the
Prior Foreign Application	n(s):		
Number	Country	Day/Month/Year	Priority Claimed
matter of each of the claims of of Title 35, United States Co	this application is not disclosed in the pride, § 112, I acknowledge the duty to	ior United States application in disclose material information	(s) listed below and, insofar as the subject the manner provided by the first paragraph as defined in Title 37, Code of Federal al or PCT international filing date of this
Prior U.S. Applications:			
Serial No.	Filing Date	Status	
to be true; and further that the	se statements were made with the know under Section 1001 of Title 18 of the	ledge that willful false statemer	nade on information and belief are believed hts and the like so made are punishable by ch willful false statements may jeopardize
	appoint the following attorneys and/or ed therewith: All attorneys and/or ager		tion and transact all business in the Patent
Send all correspondence to:	Customer No. 30449		

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